

Name
in
Full

Solomon Brice

CERTIFICATE OF DEATH

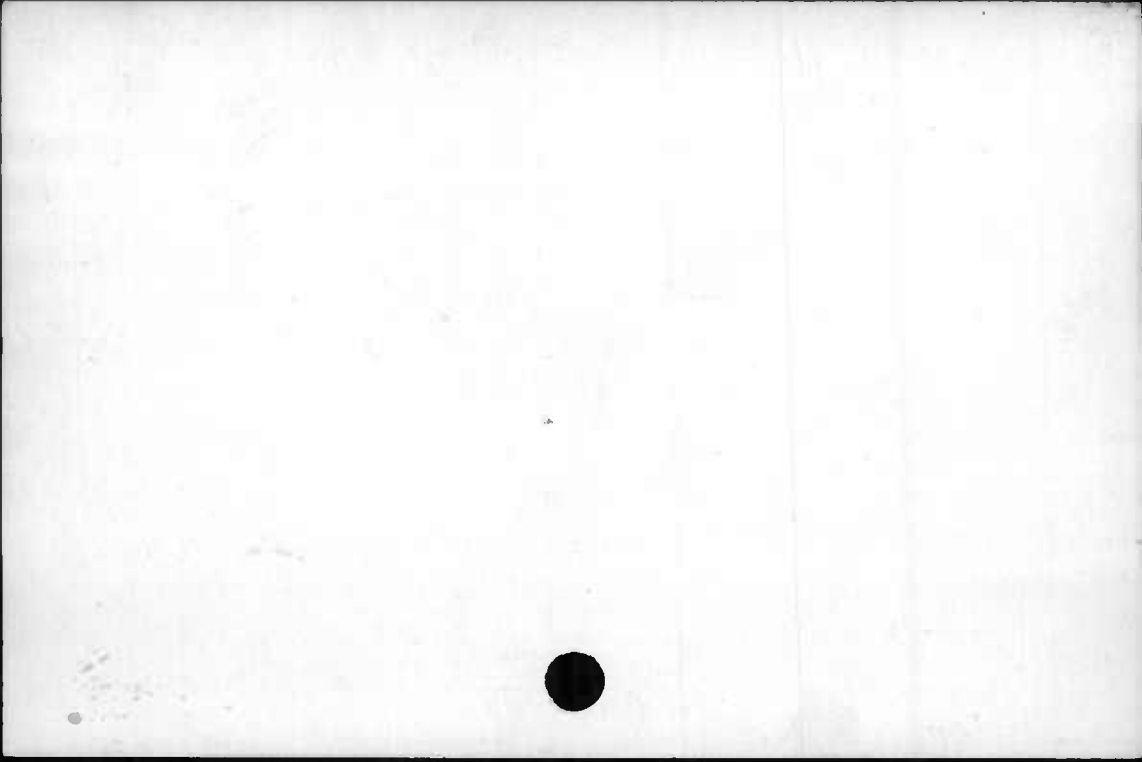
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Drappe</u> ^{Town}		<u>Talbot</u> ^{County}		MARYLAND	
Date of death <u>1906</u>	Month <u>aug</u>	Day <u>14</u>	Age <u>52</u>	Months <u>—</u>	Days <u>—</u>
Sex <u>male</u>	Color or Race <u>Black</u>		Birth-place <u>Talbot Co.</u>		
Occupation <u>—</u>			Where Residing if not at place of death <u>Courty Stone</u>		
Married, Single or Widowed <u>—</u>		Name of Wife or Husband <u>✓</u>			
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information <u>John De Guichey</u>			How related to deceased <u>Superintendent</u>		

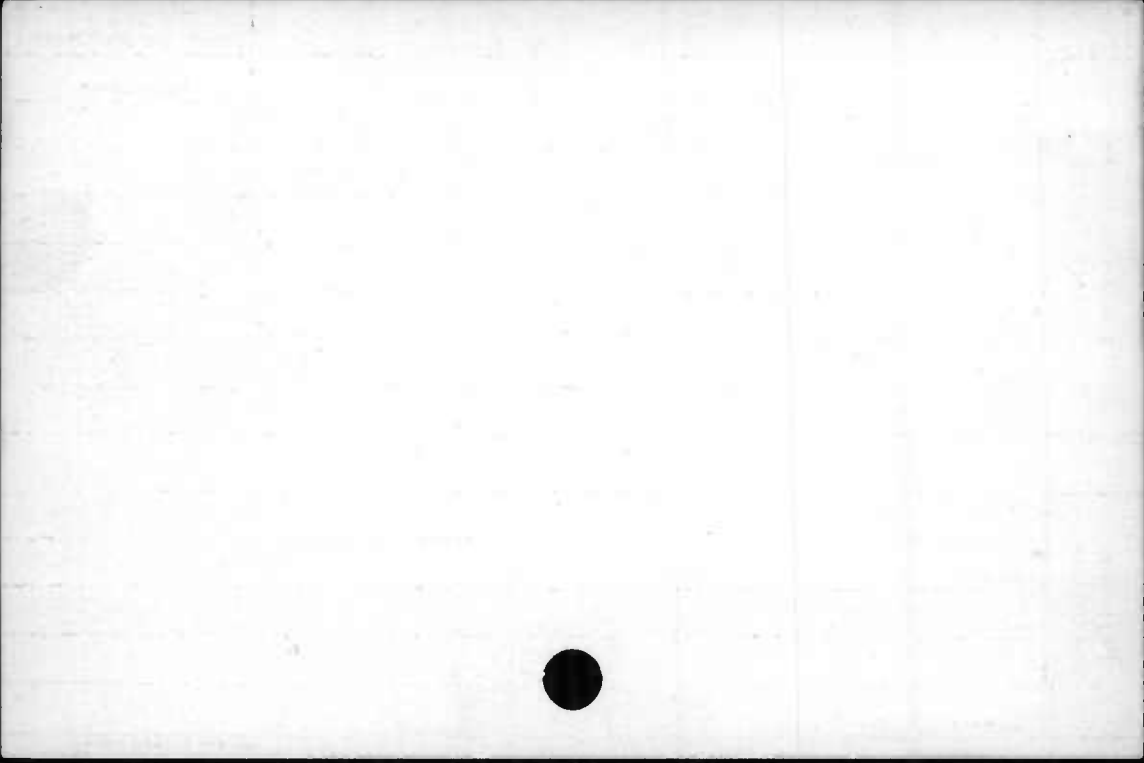
CAUSES OF DEATH

PHYSICIAN
OR CORONER

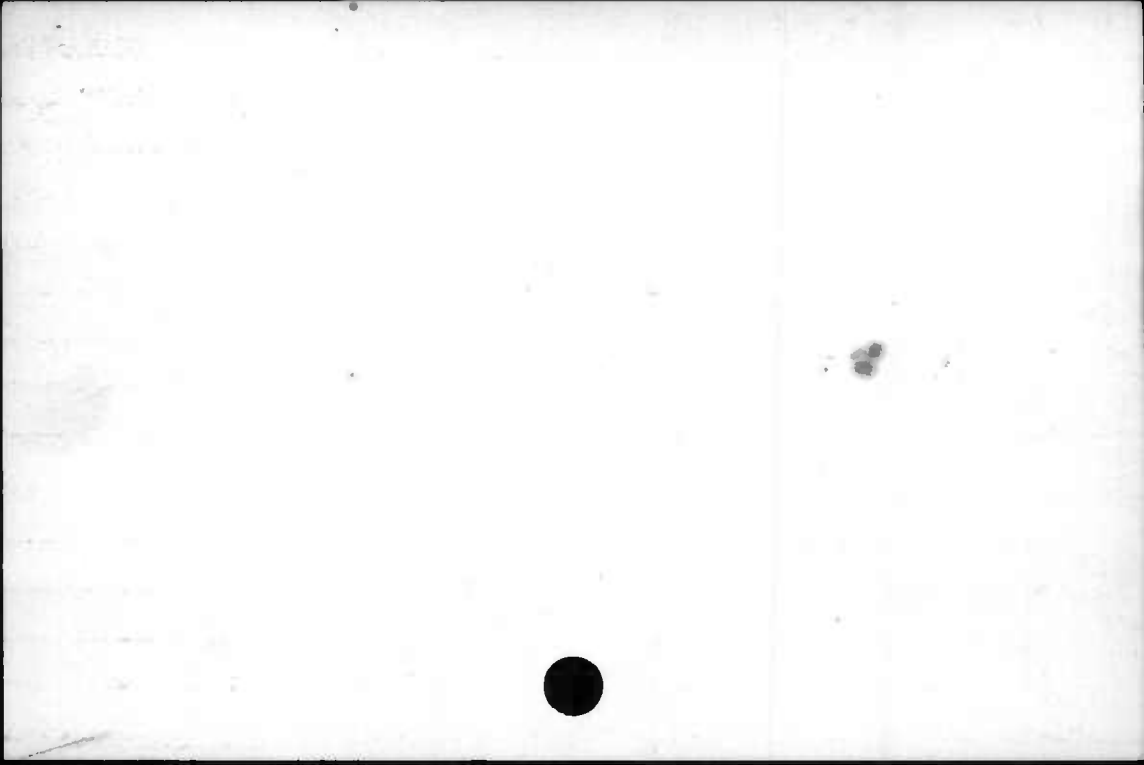
Primary <u>Bright's Disease</u>	How long <u>2 or 3 yrs.</u>
Immediate <u>Infected Bloods Poema</u>	How long <u>3 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Wm S. Seymour</u>
	Address <u>Drappe</u>
Accident or Suicide? <u>no</u>	



Name in Full		Elorothy Bridges				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town		County		MARYLAND
	Date of death		Month	Day	Years	Months	Days
	1906 Aug		17		2	9	17
	Sex	Color or Race		Birthplace			
	Female	White		Marble			
	Occupation	Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband					
Single							
Father's Name		Father's Birthplace					
Claniel Bridges		Marble					
Mother's Maiden Name		Mother's Birthplace					
Helia Bridges							
Name of person giving information		How related to deceased					
Claniel Bridge		Father					
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		How long				
	Marasmus		(179)				
	Immediate		How long				
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician				
Yes		Address					
No		Dr. J. B. Seth					
Accident or Suicide?		St. Michael					
		J. B. Seth					



Name in Full		Irvine Shilling Callis				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Fairbank ^{Town}		Dulbott ^{County}		MARYLAND	
	Date of death	1906	Aug	14	Age	10	Months 7 Days 4
	Sex	male		Color or Race	White		Birth-place
	Occupation	—		Where Residing if not at place of death		"	
	Married, Single or Widowed	—		Name of Wife or Husband		—	
	Father's Name	James Henry Callis				Father's Birthplace	VA
PHYSICIAN OR CORONER	Mother's Maiden Name	Elizabeth R. Duncan				Mother's Birthplace	Somerset Co Md
	Name of person giving information	James Henry Callis				How related to deceased	Father
	CAUSES OF DEATH						
PHYSICIAN OR CORONER	Primary	Typhoid Fever ①				How long	4 weeks
	Immediate	Bronchitis - Pneumonia				How long	1 week
	Are the name, age, sex, color, date and place correctly given above?	yes		Signature of Physician	S. K. Wilson		
	Address	Tilghman Md					
Accident or Suicide?		—					



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Laura Copper

Town

Died at *Coppersville*

County

Talbot

MARYLAND

Date

of death *1906*

Month

Aug-

Day

16

Age

Years

-

Months

6

Days

-

Sex

*Female*Color or
Race*Black*Birth-
place*Talbot Co*

Occupation

*none*Where Residing if not
at place of death*Coppersville*Married, Single
or Widowed*Single*Name of Wife or
Husband*-*Father's
Name*Greenborough Giffon*Father's
Birthplace*Talbot Co.*Mother's
Maiden Name*Mary Copper*Mother's
Birthplace*Talbot Co.*Name of person giving
In formation*Isaac Copper*How related
to deceased*Grand father*

CAUSES OF DEATH

Primary

Cholera Infantum

How long

4 days

Immediate

Exhaustion

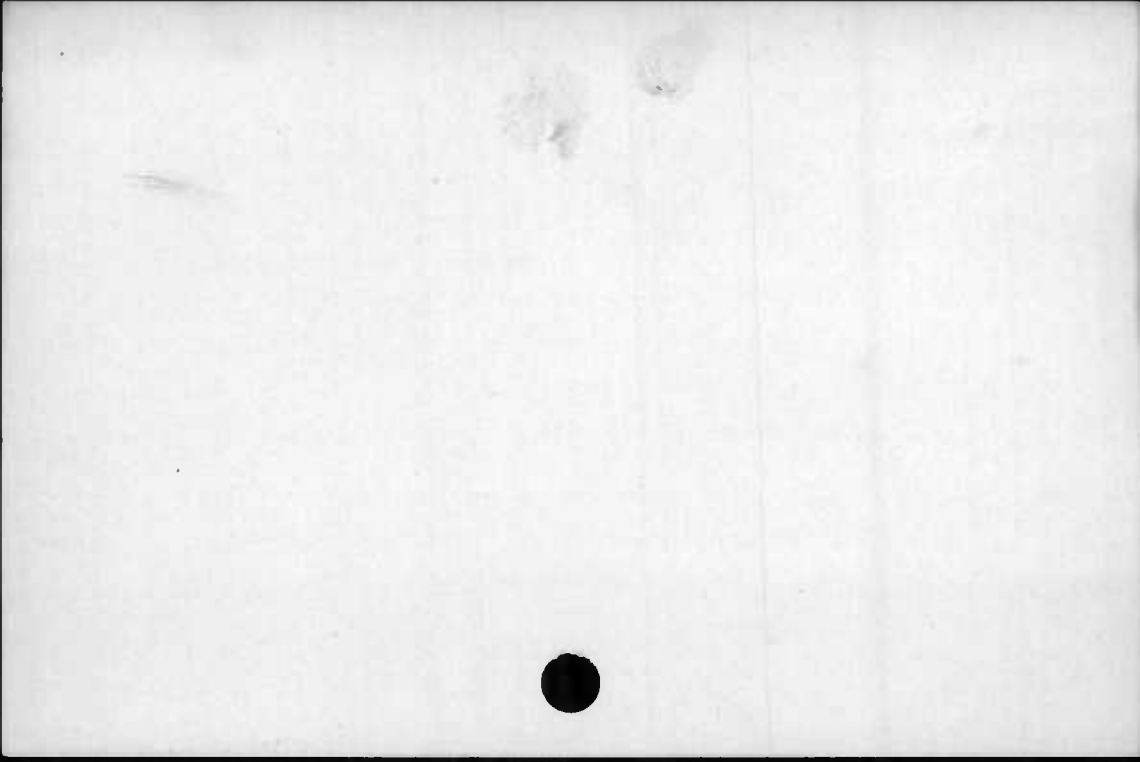
How long

*3 hrs.*Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician

Address

*A. Quincy Wellman M.D.**Easton Md.*

Accident or Suicide?



Name
In
Full

CERTIFICATE OF DEATH

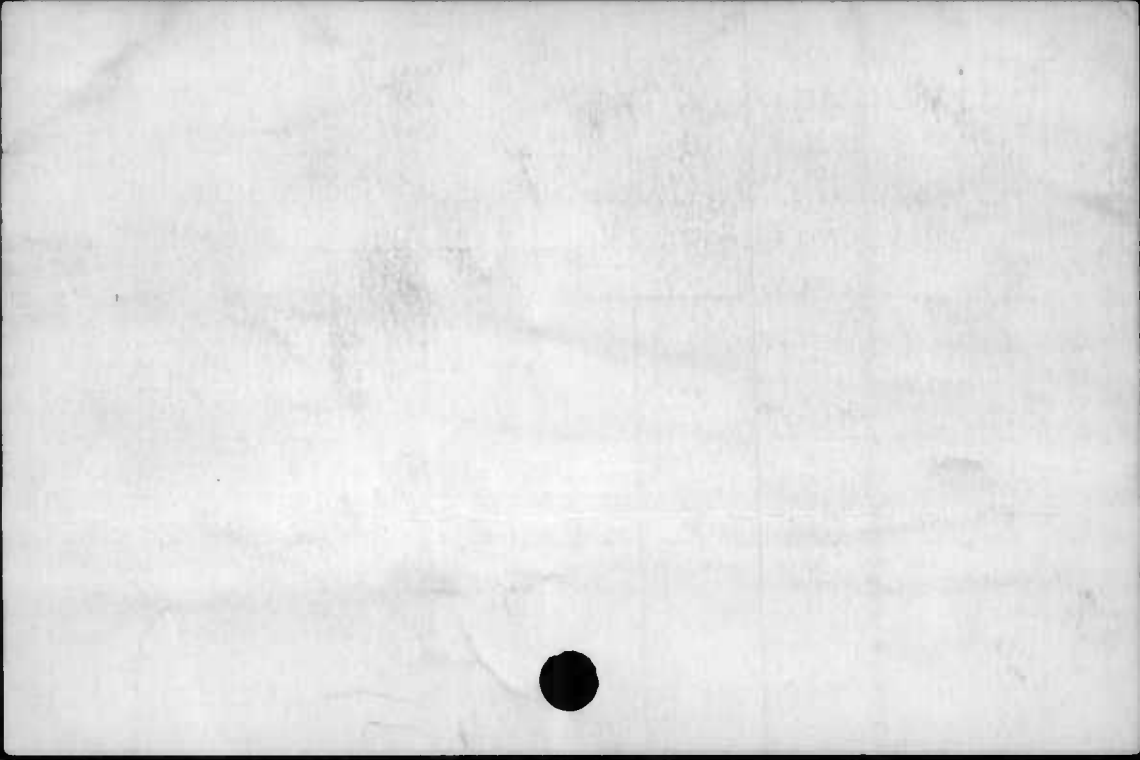
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Matthausston</i>		County <i>Talbot</i>		MARYLAND	
Date of death	1906	Month <i>Aug</i>	Day <i>29</i>	Age <i>11</i>	Years <i>11</i>
Sex <i>male</i>	Color or Race <i>colored</i>		Birth-place <i>Talbot Co</i>		
Occupation <i>school boy</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>single</i>	Name of Wife or Husband				
Father's Name <i>Lewis Copen</i>	Father's Birthplace <i>Talbot Co.</i>				
Mother's Maiden Name <i>alice Taylor</i>	Mother's Birthplace <i>" "</i>				
Name of person giving information <i>Jas. Hale</i>	How related to deceased <i>none</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Enteric fever</i>	How long <i>3 weeks</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>A. J. Hayward</i>
<i>yes</i>	Address <i>Easton Md.</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Harrietta Dennis

Town

County

MARYLAND

Died at

Easton

Talbot

Date

Month

Day

Age

Years

Months

Days

of death 1906 August

8TH

56

Sex

Female

Color or
Race

Negro

Birth-
place

Maryland

Occupation

Housewife

here Residing if not
at place of death

Talbot Co

Married, Single
or Widowed

Widowed

Name of Wife or
Husband

John D. Dennis

Father's
Name

Rufus Fields

Father's
Birthplace

Eun Hilghnd

Mother's
Maiden NameMother's
BirthplaceName of person giving
Information

Lewis Dennis

How related
to deceased

Son

CAUSES OF DEATH

Primary

Angina Pectoris

How long

Immediate

Cardiac Insufficiency

How long

Short while before death

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Wm Marshall J

Address

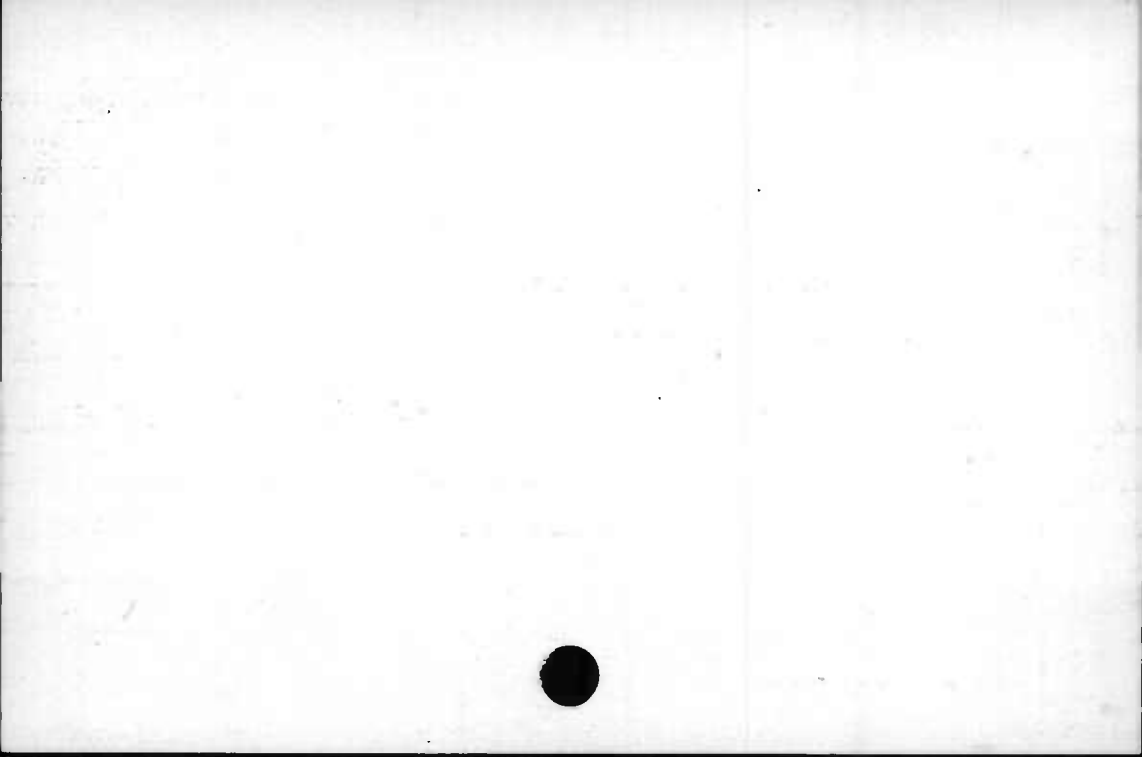
Easton Maryland

Accident or Suicide?

11 Collopy

Name in Full		Samuel Oscar Garvin				CERTIFICATE OF DEATH	
		Died at <i>Tilghman</i> Town		<i>Yalbot</i> County		MARYLAND	
Date of death		1906	Month 8	Day 22 nd	Age 49	Months 7	Days 26
Sex <i>male</i>		Color or Race <i>White</i>			Birth-place <i>Tenn.</i>		
Occupation <i>Oysterman</i>				Where Residing if not at place of death <i>---</i>			
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>Ann</i>					
Father's Name <i>James V. Garvin</i>					Father's Birthplace <i>---</i>		
Mother's Maiden Name <i>Mollie</i>					Mother's Birthplace <i>---</i>		
Name of person giving information <i>Mrs. Garvin</i>					How related to deceased		

CAUSES OF DEATH			
PHYSICIAN OR CORONER	Primary	<i>Typhoid</i>	How long <i>28 days</i>
	Immediate		How long
	Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>W. W. Chaires.</i>
			Address <i>Tilghman Md.</i>
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Clayton Gibson</i>		Town <i>Chapel</i>		County <i>Tallot</i>		MARYLAND	
Died at		Month <i>Aug</i>		Day <i>29</i>		Years <i>5</i>	
Date of death <i>1906</i>		Month <i>Aug</i>		Day <i>29</i>		Years <i>5</i>	
Sex <i>male</i>		Color or Race <i>colored</i>		Birth- place <i>Tallot Co.</i>		Months —	
Occupation		Where Residing if not at place of death		Days —			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband		Father's Birthplace <i>Caroline Co.</i>		Mother's Birthplace <i>Tallot Co.</i>	
Father's Name <i>Jhos. Gibson</i>		Mother's Maiden Name <i>Sda Mitchell</i>		How related to deceased <i>Father</i>			
Name of person giving information <i>Jhos. Gibson</i>							

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Enteric fever</i>	How long <i>9 days</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>A. B. Hayward</i>
<i>yes</i>	Address <i>Easton</i>
Accident or Suicide?	<i>Md.</i>

30 Aug

Mon. Chapala

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

John T. Harrison

Died at Bozman Tallot

Date of death 1906 Aug 27 Age 48 Months 1 Days 18

Sex Male Color or Race White Birthplace Tallot Co

Occupation Farming Where Residing if not at place of death Tallot Co

Married, Single or Widowed Married Name of Wife or Husband Mary C. Harrison

Father's Name Joshua Harrison Father's Birthplace Tallot Co

Mother's Maiden Name Hester Mc Quay Mother's Birthplace Tallot Co

Name of person giving information Self Lamin How related to deceased slightly

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Heart Failure 179 How long —

Immediate — How long —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician

Address

Dr. J. B. Smith
St Michael
Ind

Accident or Suicide?



Name
In
Full

Mary Elizabeth Jackson

CERTIFICATE OF DEATH

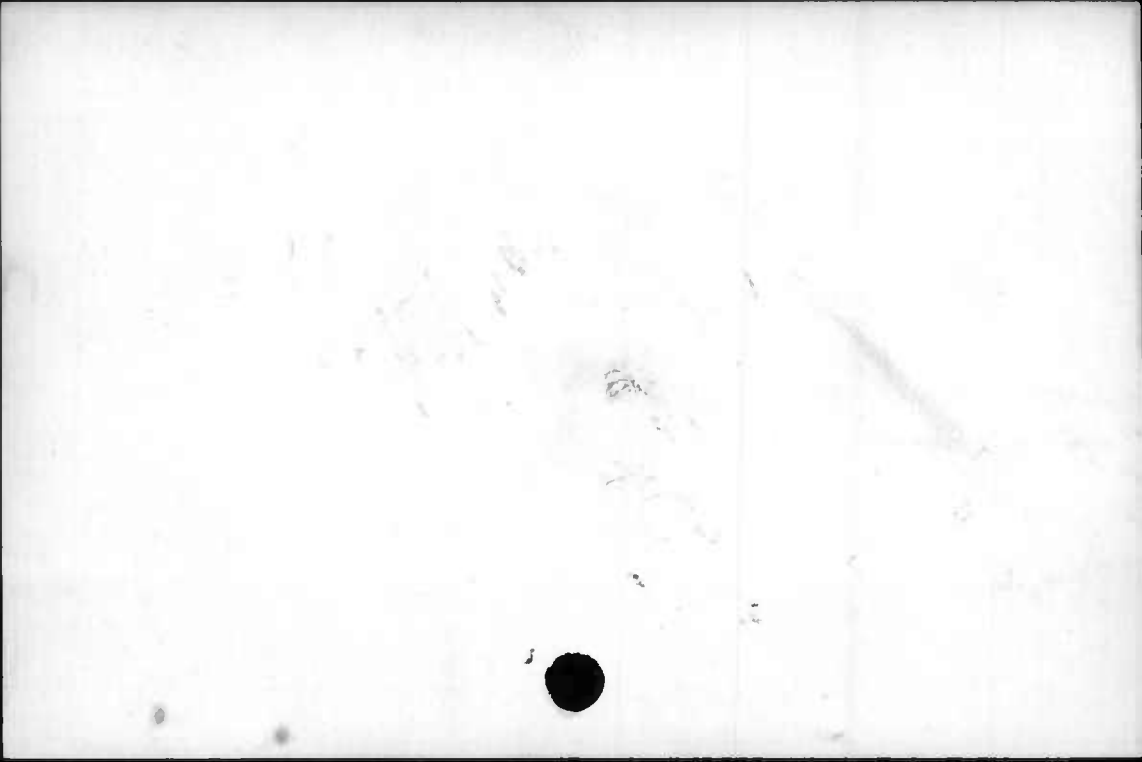
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1906		Aug	23		—	5	—
Sex		Color or Race		Birth-place			
female		white		Talent Co.			
Occupation		Where Residing if not at place of death					
L		L		L			
Married, Single or Widowed		Name of Wife or Husband					
L		L					
Father's Name		Father's Birthplace					
Raymond Skipper		Talent Co.					
Mother's Maiden Name		Mother's Birthplace					
Berrie Jackson		Talent Co.					
Name of person giving information		How related to deceased					
Mary Jackson		Grandmother					

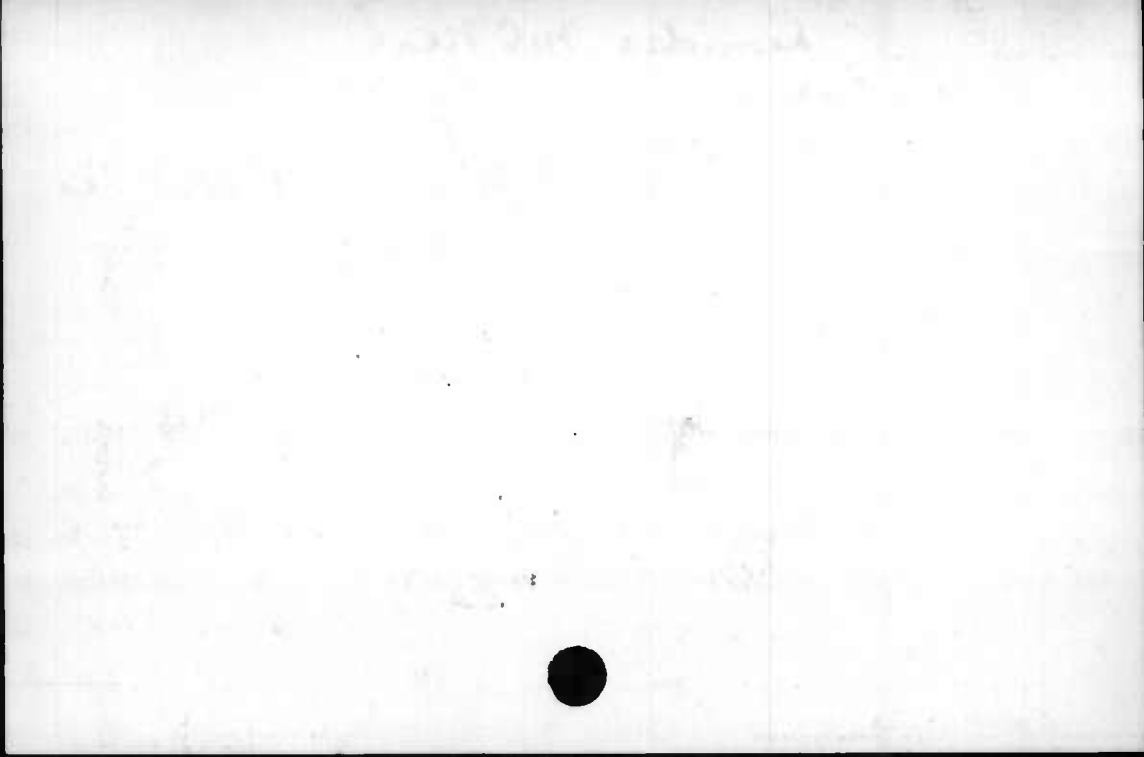
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Cholera Infantum and abscess	How long	3 weeks
Immediate	Exhaustion	How long	Several days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		Mrs S. Symons	
		Address	
		Trafpe Md	
Accident or Suicide?			
no			



Name in Full		Leonidas M. Neal				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Near Easton	County Talbot		MARYLAND	
	Date of death	1906	Month Aug	Day 20	Age 15	Years Months	Days
	Sex	male		Color or Race	white		Birth-place Talbot Co
	Occupation	-		Where Residing if not at place of death -			
	Married, Single or Widowed	-		Name of Wife or Husband			
	Father's Name	Rufus M. Neal				Father's Birthplace	Ind
PHYSICIAN OR CORONER	Mother's Maiden Name	Annie E. McCracken				Mother's Birthplace	Ind
	Name of person giving information	Rufus W. Neal				How related to deceased	Father
	CAUSES OF DEATH						
PHYSICIAN OR CORONER	Primary	Infection, Rheumatism				How long	6 months
	Immediate	Endocarditis, Mitral regurg.				How long	4 months
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician Wm. S. Seymour		
					Address Trape Ind,		
	Accident or Suicide?		no				



TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Name in Full John Williams Martin		CERTIFICATE OF DEATH	
Died at Easton <small>Town</small>		Talbot <small>County</small>	
Date of death 1906 Aug 7 <small>Month Day</small>		89 <small>Years</small> 0 <small>Months</small> 1 <small>Day</small>	
Sex Male	Color or Race White	Birthplace Cambridge, Md.	
Occupation Retired Lawyer		Where Residing if not at place of death —	
Married, Single or Widowed Widower	Name of Wife or Husband Eveline L. Martin		
Father's Name Wm Bond Martin	Father's Birthplace Not known		
Mother's Maiden Name Sarah Ferguson Williams	Mother's Birthplace Not known		
Name of person giving information Mrs Helen C. Emory		How related to deceased Niece.	
CAUSES OF DEATH			
Primary Infirmities of age		How long Several yrs	
Immediate Exhaustion		How long few wks	
Are the name, age, sex, color, date and place correctly given above? y es		Signature of Physician Chas. F. Davidson	
		Address Easton, Md.	
Accident or Suicide? —			

11



Name
in
Full

Armonda Pauline Mister

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *Lilithman* TownCounty *Talbot*

MARYLAND

Date of death 1906 *Aug* MonthDay *13*Age *—* YearsMonths *—*Days *13*Sex *Female*Color or Race *White*Birth-place *Lilithman Md*Occupation *—*Where Residing if not
at place of death *—*Married, Single
or Widowed *—*Name of Wife or
Husband *—*Father's
Name*Albert T. Mister*Father's
Birthplace*Lilithman Md*Mother's
Maiden Name*Sarah L. Haddaway*Mother's
Birthplace*Talbot Co*Name of person giving
information*" " "*How related
to deceased*Mother*

CAUSES OF DEATH

Primary

Gastro Enteric Colitis

How long

2 days

Immediate

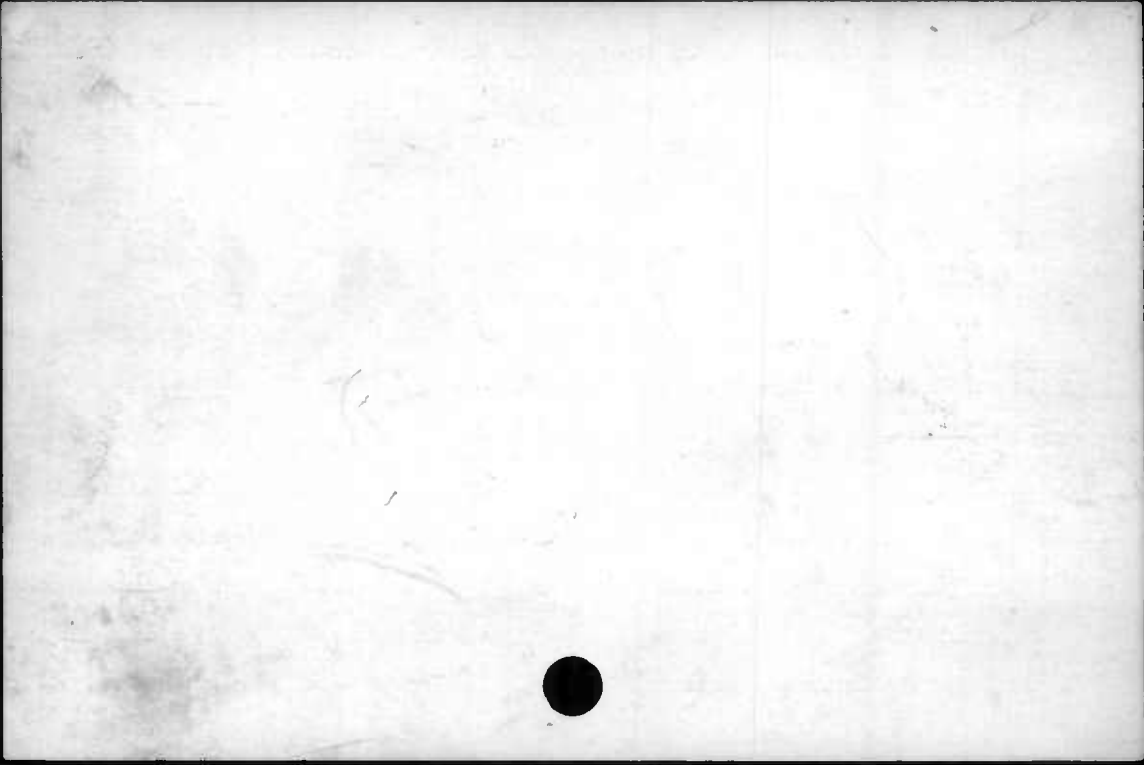
Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician*S. K. Wilson*

Address

*Lilithman**Md*

Accident or Suicide?

—



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

James E. Moore.

Town

Died at Hopkins Neck.

County

Talbot

MARYLAND

Date

of death 1906

Month

Aug

Day

28.

Years

Age

1

Months

6

Days

—

Sex

Male

Color or
Race

Negro

Birth-
place

Talbot Co. Md

Occupation

Infant.

Where Residing if not
at place of death

Hopkins Neck

Married, Single
or WidowedName of Wife or
HusbandFather's
Name

Horace W. Williams

Father's
Birthplace

Talbot Co

Mother's
Maiden Name

Sarrak. Moore.

Mother's
Birthplace

Talbot Co.

Name of person giving
Information

Horace W. Williams.

How related
to deceased

Father

CAUSES OF DEATH

Primary

Over fed

How long

Immediate

Spasms

How long

2 or 3 day

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

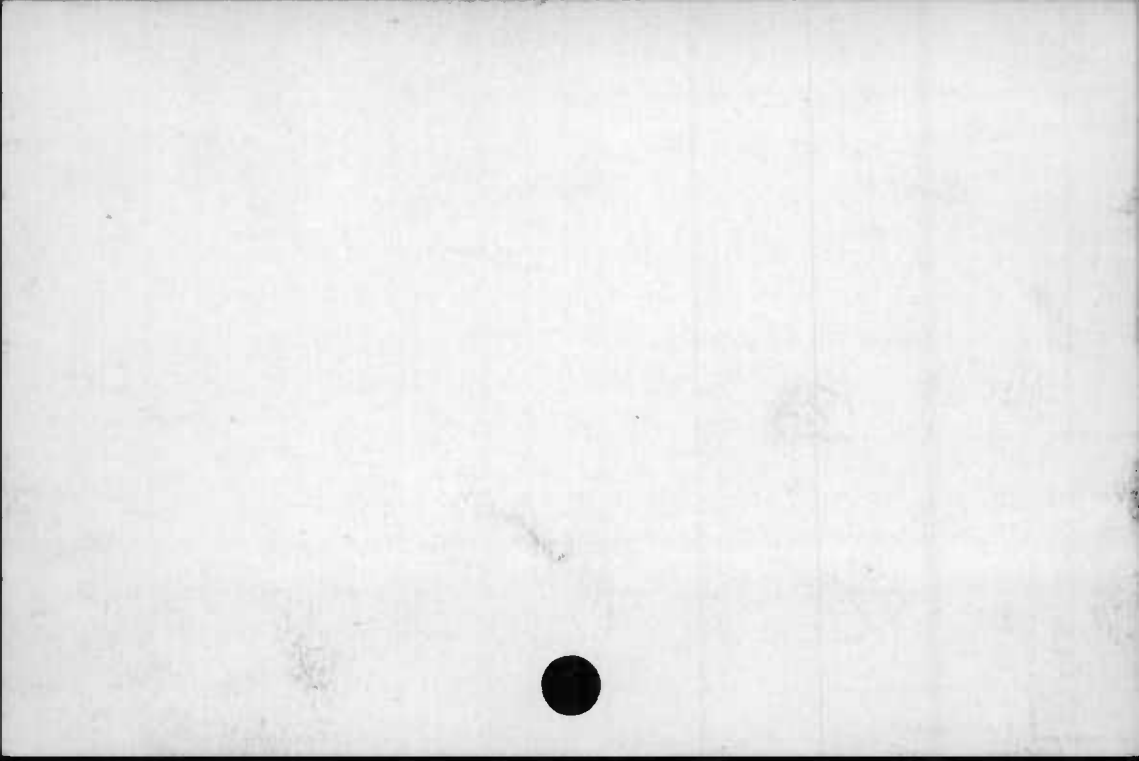
Samuel E. Trippel

Address

Royal Oak, Md

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

Alexander Dzenski

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cordova</i>		Town		<i>Larrot</i>		County		MARYLAND	
Date of death 190 <i>6</i>		Month <i>Aug</i>		Day <i>26</i>		Age <i>7</i>		Years <i>8</i> Months <i>8</i> Days <i>X</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Baltimore</i>					
Married, Single or Widowed <i>X</i>				Occupation					
Name of Wife or Husband <i>X</i>									
Father's Name <i>Benjamin Dzenski</i>				Father's Birthplace <i>Poland</i>					
Mother's Maiden Name <i>Dora Skyebskay</i>				Mother's Birthplace <i>"</i>					
Name of person giving information <i>Andrew Duker</i>				How related to deceased <i>Step Brother</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Gastro-Enteritis</i>	How long
Immediate <i>"</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>They are</i>	Signature of Physician <i>Chas. H. Rowe</i>
	Address <i>Cordova Md</i>
Accident or Suicide?	



Name
In
Full

CERTIFICATE OF DEATH

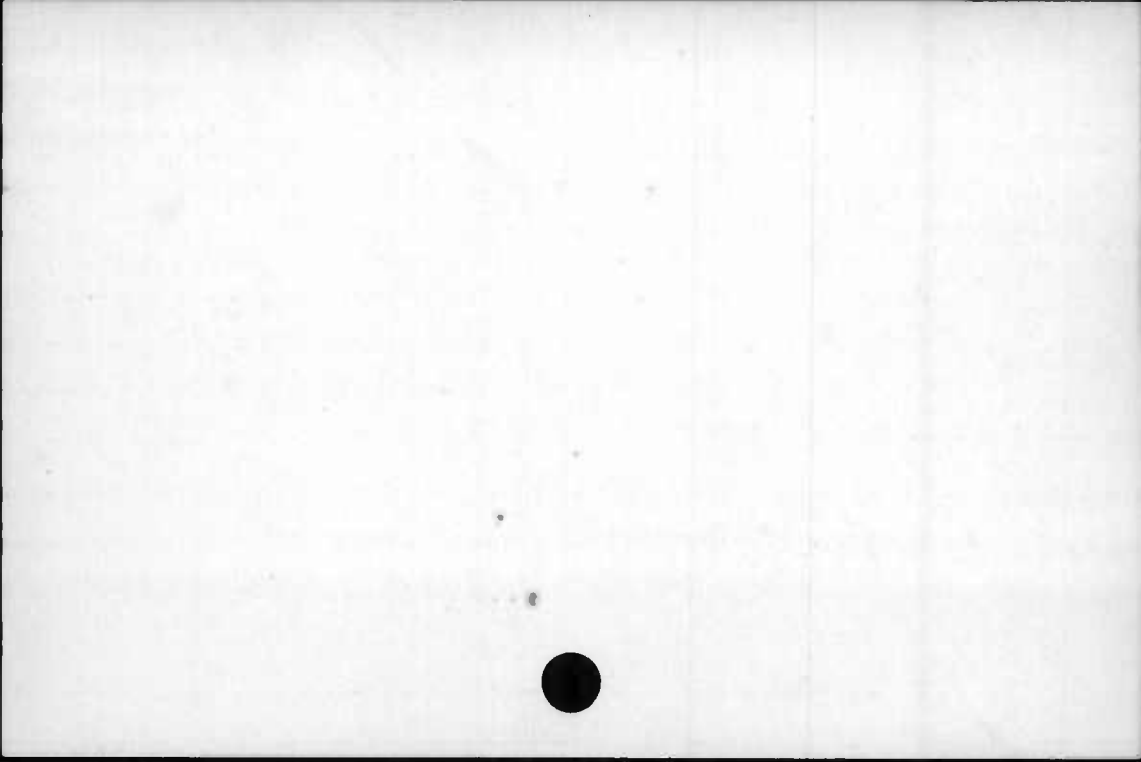
TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Margaret Robinson</i>		Town <i>Coston</i>		County <i>Talbot</i>		MARYLAND	
Died at		Date of death 190 <i>6</i>		Month <i>Aug</i>	Day <i>7</i>	Years <i>02</i>	Months —
Sex <i>Female</i>		Color or Race <i>Black</i>		Birth- place <i>Washington D.C.</i>		Days —	
Married, Single or Widowed <i>Married</i>		Occupation <i>Housework</i>					
Name of Wife or Husband <i>Jim Robinson</i>							
Father's Name <i>Don't know</i>				Father's Birthplace <i>Don't know</i>			
Mother's Maiden Name <i>Mary Dickerson</i>				Mother's Birthplace <i>Washington</i>			
Name of person giving information <i>Clarence Robinson</i>				How related to deceased <i>Son</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Typhoid Fever</i>	How long <i>2 weeks</i>
Immediate <i>Cordiac Arrest</i>	How long <i>one day</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>P. L. Graves</i>
	Address <i>Coston. - Md.</i>
Accident or Suicide?	



Name in Full *George William Slaw*

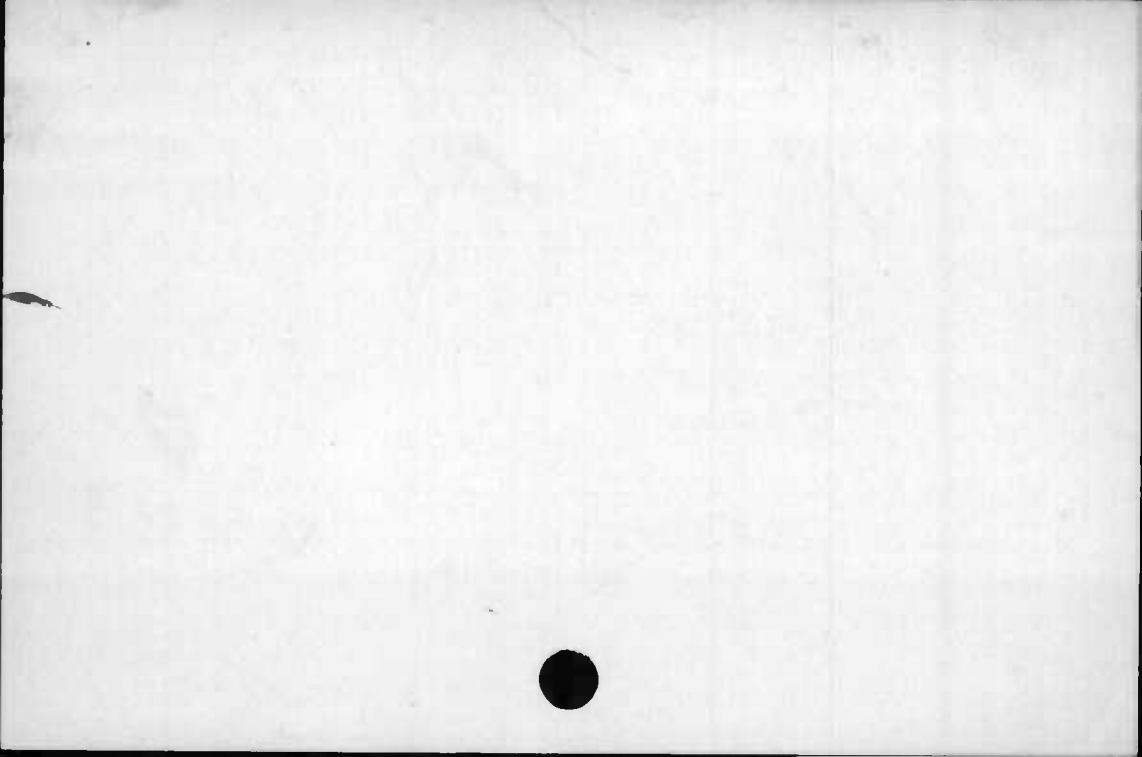
CERTIFICATE OF DEATH

MARYLAND

Died <i>near Easton</i> ^{Town}		<i>Talbot</i> ^{County}			
Date of death <i>1906</i>	Month <i>aug</i>	Day <i>20</i>	Age <i>1</i>	Months <i>6</i>	Days <i>21</i>
Sex <i>male</i>	Color or Race <i>negro</i>		Birth-place <i>near Easton</i>		
Occupation <i>Baby</i>		Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Geo. Erbin Slaw</i>			Father's Birthplace <i>Talbot Co. Md</i>		
Mother's Maiden Name <i>Eliza Newnam</i>			Mother's Birthplace <i>" " "</i>		
Name of person giving information <i>G. Slaw</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

Primary <i>Acute Indigestion</i>	How long <i>3 days</i>
Immediate <i>Exhaustion</i>	How long <i>Few hrs</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Chas. T. Anderson</i>
	Address <i>Easton Md</i>
Accident or Suicide?	



Name
in
Full

Morry M. Thomas

CERTIFICATE OF DEATH

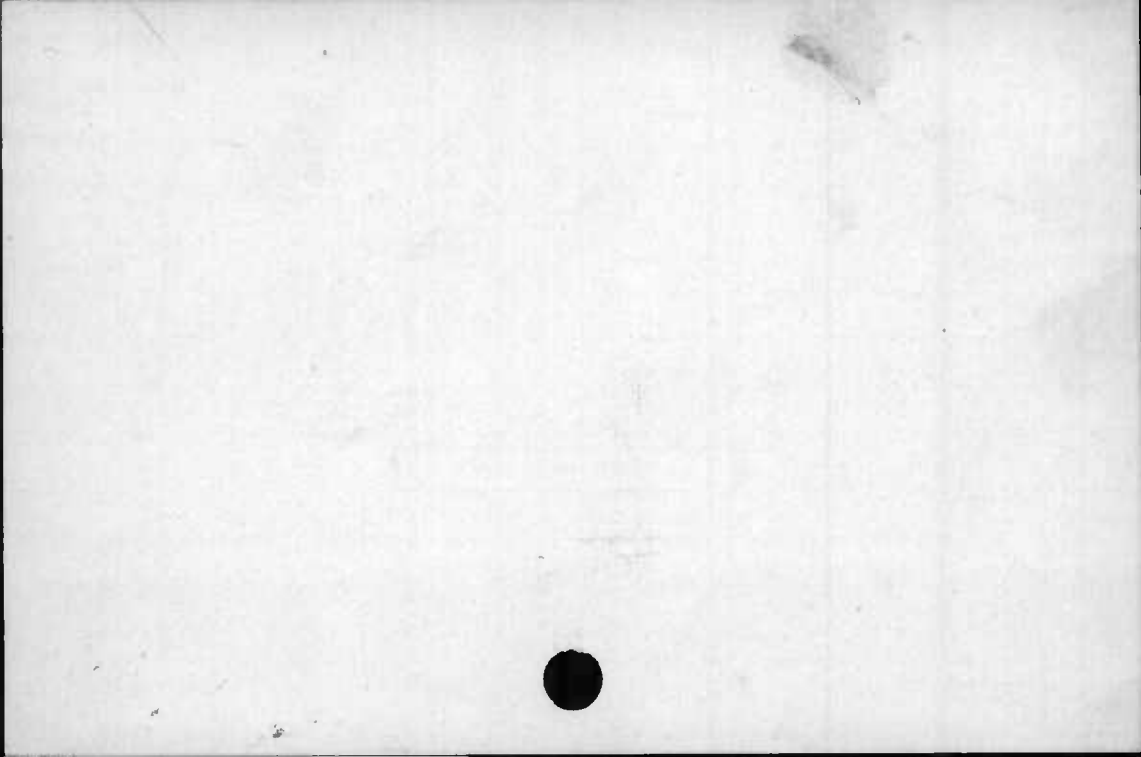
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Eursany</u> Town		<u>Tulhatch</u> County		MARYLAND	
Date of death	1906	Month	Aug	Day	18
Sex	Female	Color or Race	Red	Age	6
Occupation	Child	Birth-place	Tulhatch Co.	Months	
Where Residing if not at place of death					
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	Walter Thomas	Father's Birthplace	Tulhatch Co		
Mother's Maiden Name	Morris Worner	Mother's Birthplace	Tulhatch Co		
Name of person giving information	Morris Thomas	How related to deceased	Mother		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Typhoid Fever	How long	6 weeks
Immediate	Exhaustion	How long	1 week
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician		
	Address		
	J. B. Merritt Eursany Md		
Accident or Suicide?			



Name
In
Full

Fanny E. Tilghman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at		Town		County	
Easton		Easton		Talbot	
Date	Month	Day	Years	Months	Days
of death 1906	Aug	17	Age 53	7	X
Sex	Color or Race		Birth-place		
Female	Black		Easton		
Occupation	Where Residing if not at place of death				
Housewife	X				
Married, Single or Widowed	Name of Wife or Husband				
Married	Geo Tilghman				
Father's Name	Father's Birthplace				
Francis Adams.	X				
Mother's Maiden Name	Mother's Birthplace				
Fanny E. Adams	Easton.				
Name of person giving information	How related to deceased				
Lula U. Tilghman	Daughter				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Cordiac Dislocation	How long	one year
Immediate	Cordiac Asthenia	How long	one hour.
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	P. L. Traver
		Address	Easton, Md.
Accident or Suicide?			

19. Easton.

Name
in
Full

Steven H. Tull

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

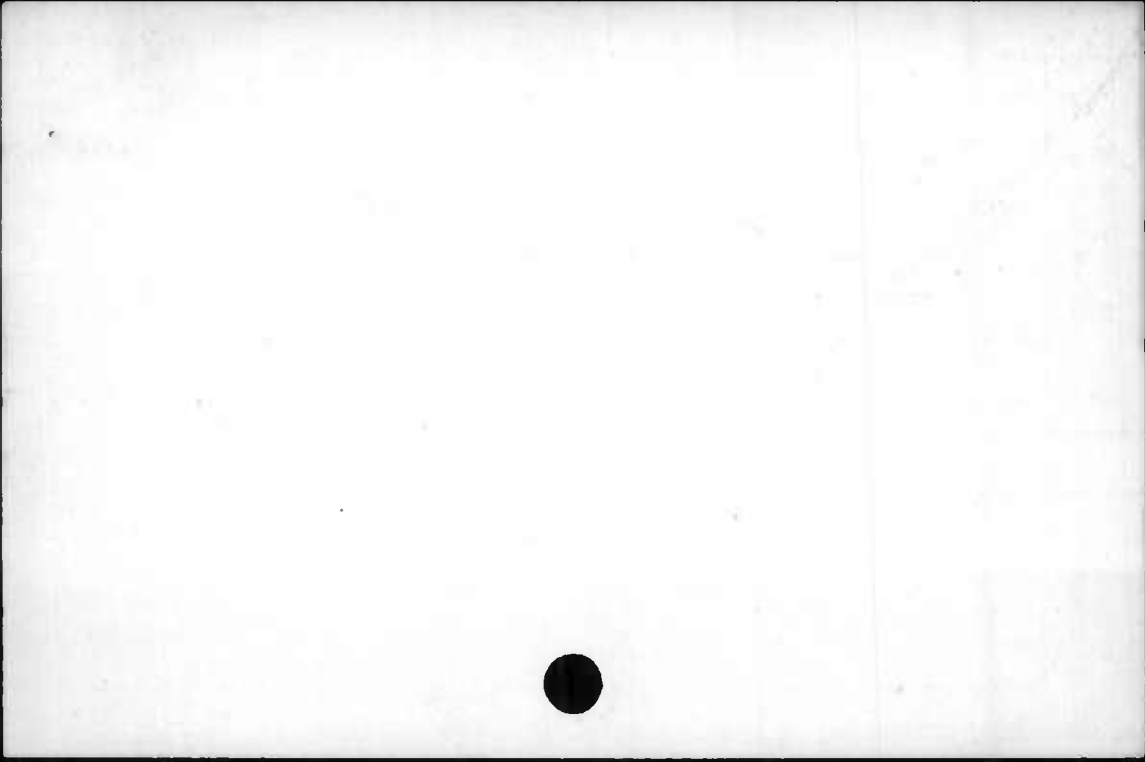
MARYLAND

Died at <i>Oxford</i> Town		<i>Talbot</i> County			
Date of death <i>1906</i>	Month <i>Aug</i>	Day <i>13</i>	Age <i>72</i> Years	Months <i>7</i>	Days <i>8</i>
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place	
Occupation <i>Ship Carpenter</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband			
Father's Name				Father's Birthplace	
Mother's Maiden Name				Mother's Birthplace	
Name of person giving Information <i>George M. Tull</i>				How related to deceased <i>Son</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Bright's Disease</i>	How long <i>120</i>	How long <i>11 weeks</i>
Immediate <i>Heart failure</i>	How long <i>One day</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. P. Roberts</i>	
	Address <i>Oxford</i>	
Accident or Suicide?	<i>Med-</i>	



Name In Full Elsie Warner		CERTIFICATE OF DEATH	
Died at Wittman <small>Town</small>		Talbot <small>County</small>	
Date of death 1906 <small>Month</small> aug <small>Day</small> 31		Age 12 <small>Years</small>	
Sex Female		Color or Race Black	
Occupation —		Where Residing if not at place of death " "	
Married, Single or Widowed		Name of Wife or Husband —	
Father's Name William Warner		Father's Birthplace New Jersey	
Mother's Maiden Name Lizzie Warner		Mother's Birthplace Poofers Md	
Name of person giving information " "		How related to deceased mother	
CAUSES OF DEATH			
Primary Typhoid Fever		How long 4 weeks	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician J. Kennedy Wilson	
		Address Tilghman Md	
Accident or Suicide? no -			



Name

in
Full

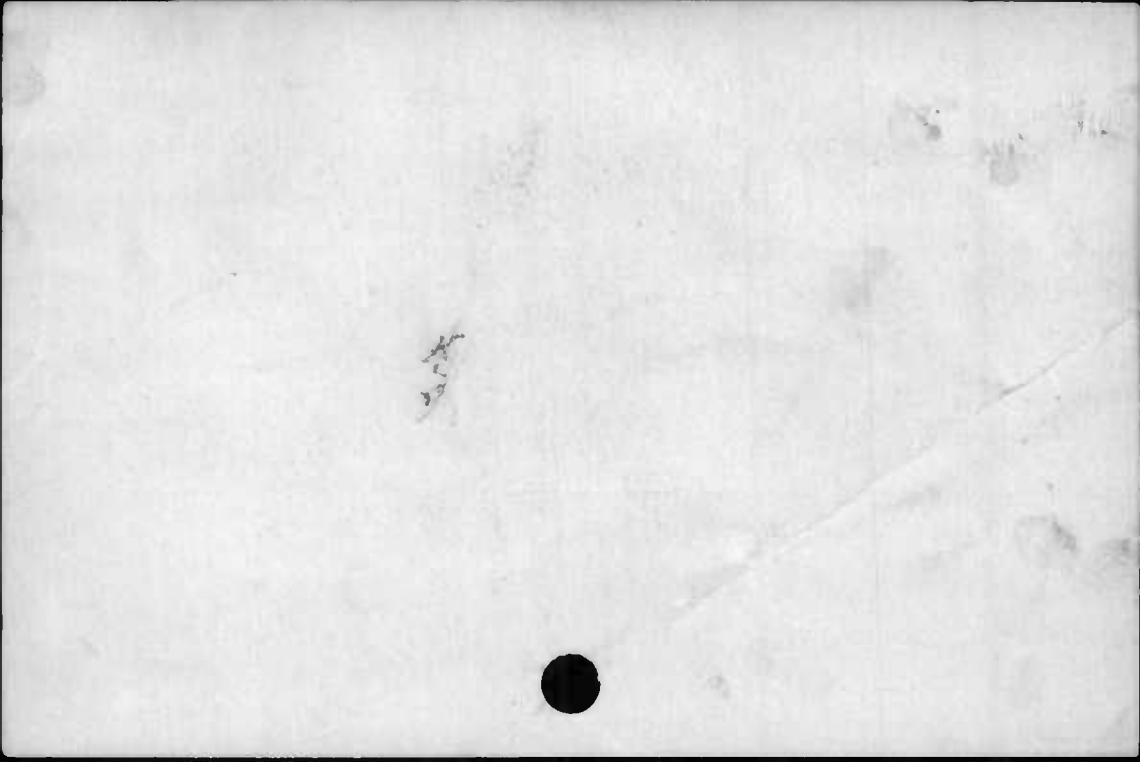
Deborah Webb

CERTIFICATE OF DEATH

Died at <i>McDaniel</i>		Town <i>Talbot Co</i>		County <i>Talbot Co</i>		MARYLAND	
Date	Month	Day	Years	Months	Days		
of death	<i>1906</i>	<i>Aug</i>	<i>17</i>	<i>Age 51</i>	<i>2</i>	<i>27</i>	
Sex	<i>Female</i>		Color or Race	<i>colored</i>		Birth-place	<i>Wittman</i>
Occupation	<i>House work</i>			Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed	<i>Married</i>		Name of Wife or Husband	<i>John Webb</i>			
Father's Name	<i>Henry Benson</i>				Father's Birthplace	<i>Talbot Co</i>	
Mother's Maiden Name	<i>Mariah Cooper</i>				Mother's Birthplace		
Name of person giving information	<i>John Webb</i>				How related to deceased	<i>Husband</i>	

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	<i>Interstitial nephritis</i>	How long	<i>one year</i>
	Immediate	<i>Cardiac Asthenia</i>	How long	<i>24 hours</i>
	Are the name, age, sex, color, date and place correctly given above?		<i>Yes.</i>	
	Signature of Physician		<i>Herbert E. Zapp</i>	
Address		<i>St. Michael</i>		
Accident or Suicide?		<i>Talbot Co. Md.</i>		



Name
in
Full

Merenda. Williams

CERTIFICATE OF DEATH

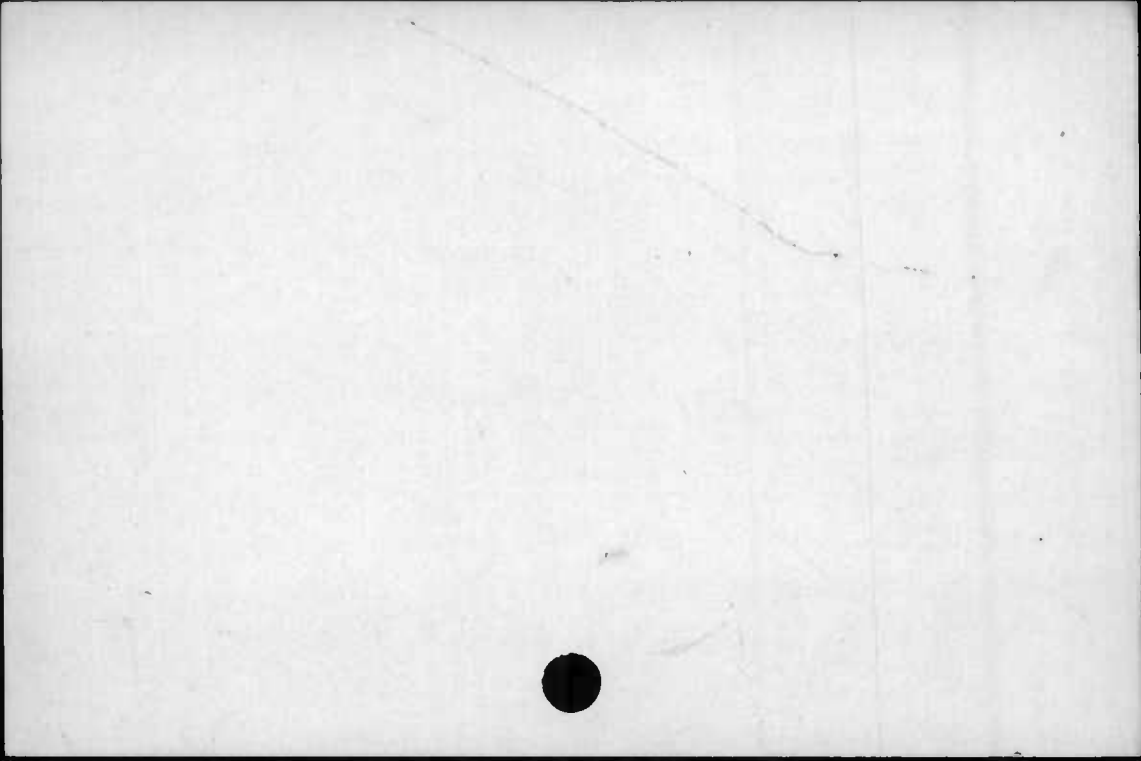
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Royal Oak. ^{Town}		Talbot ^{County}		MARYLAND	
Date of death	1906	Month	Aug	Day	31st	Age	55.
Sex	Female		Color or Race	Negro		Birth-place	Montgomery Co
Occupation	Domestic			Where Residing if not at place of death			
Married, Single or Widowed	Married		Name of Wife or Husband	Murray Williams			
Father's Name						Father's Birthplace	
Mother's Maiden Name						Mother's Birthplace	
Name of person giving information	Murray Williams					How related to deceased	Husband

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Phthis Pulmonary	How long	8 months
Immediate	Congestion of lungs	How long	10 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	James B. Triplett
Yes		Address	Royal Oak Md
Accident or Suicide? _____			



Name
in
Full

Unknown

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Calabris</i>		Town <i>Calabris</i>		County <i>Falbot</i>		MARYLAND	
Date of death	1906	Month	August	Day	31	Age	Years
Sex	Male	Color or Race	Colored	Birthplace			
Occupation	Unknown			Where Residing if not at place of death	Unknown		
Married, Single or Widowed				Name of Wife or Husband			
Father's Name					Father's Birthplace		
Mother's Maiden Name					Mother's Birthplace		
Name of person giving information					How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Found drowned, floating</i>	How long	
Immediate	<i>in the bay near Calabris</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>Joseph G. Skinner, Acting</i>
		Address	<i>Coroner, Mr. Daniel</i>
Accident or Suicide? <i>supposed</i>			<i>Md.</i>

